LIST OF CLINICAL PRIVILEGES – CARDIOTHORACIC SURGERY

AUTHORITY: Title 10, U.S.C. Chapter 55, Sections 1094 and 1102. PRINCIPAL PURPOSE: To define the scope and limits of practice for individual providers. Privileges are based on evaluation of the individual's credentials and performance. ROUTINE USE: Information on this form may be released to government boards or agencies, or to professional societies or organizations, if needed to license or monitor professional standards of health care providers. It may also be released to civilian medical institutions or organizations where the provider is applying for staff privileges during or after separating from the Air Force. DISCLOSURE IS VOLUNTARY: However, failure to provide information may result in the limitation or termination of clinical privileges INSTRUCTIONS APPLICANT: In Part I, enter Code 1, 2, or 4 in each REQUESTED block for every privilege listed. This is to reflect your current capability. Sign and date the form and forward to your Clinical Supervisor CLINICAL SUPERVISOR: In Part I, using the facility master privileges list, enter Code 1, 2, or 4 in each VERIFIED block in answer to each requested privilege. In Part II, check appropriate block either to recommend approval, to recommend approval with modification, or to recommend disapproval. Sign and date the form and forward the form to the Credentials Office. CODES: 1. Fully competent within defined scope of practice. 2. Supervision required. (Unlicensed/uncertified or lacks current relevant clinical experience. 3. Not approved due to lack of facility support. (Reference facility master Strawman. Use of this code is reserved for the Credentials Function.) 4. Not requested/not approved due to lack of expertise or proficiency, or due to physical disability or limitation. CHANGES: Any change to a verified/approved privileges list must be made in accordance with Service specific credentialing and privileging policy NAME OF APPLICANT NAME OF MEDICAL FACILITY I Scope Requested Verified The scope of privileges in cardiothoracic surgery includes the evaluation, diagnosis, treatment and consultation for patients with congenital and acquired abnormalities of the heart and great vessels, lungs, mediastinum, and pleura; a variety of conditions of the chest wall; and traumatic injuries to the chest and cardiothoracic structures. Cardiac P385568 surgeons provide non-surgical care as well as pre-, intra-, and post-operative surgical care. Cardiac surgeons may admit to the facility and may provide care to patients in the intensive care setting in accordance with MTF policies. They assess, stabilize, and determine the disposition of patients with emergent conditions in accordance with medical staff policy. **Diagnosis and Management (D&M)** Requested Verified P390328 Pulmonary artery catheter insertion and interpretation **Procedures** Requested Verified **Non-Operative** Requested Verified P385692 Cardioversion P388154 Intra-aortic balloon pump placement / removal **Minor Procedures** Verified Requested P384105 Tracheostomy P385198 Tube thoracostomy P385588 Pleural biopsy; open, closed P385594 Needle biopsy, lung P385596 Esophageal bypass tube insertion P385598 Lung abscess drainage P388216 Esophageal dilatation P388364 Thoracentesis P388561 Lymph node biopsy Endoscopy Verified Requested P384077 Thoracoscopy; direct, video-assisted P384665 Bronchoscopy, flexible and rigid P385576 Mediastinoscopy; direct, video-assisted

	LIST OF CLINICAL PRIVILEGES – CARDIOTHORACIC SURGERY (CONTIN	JED)	
Procedures	(Cont.)	Requested	Verified
Endoscopy	(Cont.)	Requested	Verified
P388457	Laryngoscopy; direct, indirect		
P390326	Esophagoscopy (flexible or rigid)		
Chest Wall a	nd Pleura	Requested	Verified
P384085	Thoracotomy		
P384097	Repair of chest wall deformity (pectus excavatum, pectus carinatum)		
P384099	Chest wall resection / reconstruction with or without muscle flap		
P385618	Resection of tumor or infection		
P385620	Thoracoplasty		
P385622	Surgical decompression for thoracic outlet syndrome - resection first rib		
P385624	Rib resection and drainage (Eloesser)		
P385630	Sternal resection (partial or complete, with primary or secondary closure, with or without pectoralis muscle advancement)		
P385696	Sternal wire removal		
P385698	Sternal debridement and rewiring / plating / reconstruction		
Valve surge	ry with cardiopulmonary bypass	Requested	Verified
P385700	Valve replacement		
P385702	Commissurotomy		
P385704	Valve repair		
P385706	Homograft / autograft replacement		
P385708	Aortic root replacement		
Repair of co	ongenital defects	Requested	Verified
P385710	Shunting procedures		
P385712	Pulmonary artery banding		
P385714	Patent ductus division		
P385718	Vascular ring / arch anomaly repair		
P385716	Coarctation of aorta repair		
P385720	Septal defect repair		
P385722	Valvular defect repair		
Cardiac rev	ascularization	Requested	Verified
P385724	Primary revascularization with or without cardiopulmonary bypass (CPB)		
P385726	Coronary artery endarterectomy		
P385728	Ventricular aneurysmorraphy		
P385730	Acquired ventricular septal defect (VSD) repair		
Electrophys	iologic cardiac surgery	Requested	Verified
P385734	Pacemaker insertion - transvenous, epicardial		
P385736	Automatic Implantable Cardioverter Defibrillator (AICD) - transvenous, epicardial		
P385738	Arrythmia ablation procedures		

	LIST OF CLINICAL PRIVILEGES – CARDIOTHORACIC SURGER	Y (CONTINUED)	
Procedures	(Cont.)	Requested	Verified
Great vesse	ls	Requested	Verified
P385835	Ascending aorta and aortic arch replacement		
P385837	Descending thoracic aortic replacement		
P385839	Thoracoabdominal aneurysmorrhaphy		
P385841	Surgical repair of injury (e.g., laceration, perforation) to great vessels		
P385851	Thoracic Endovascular Aneurysm Repair		
Endarterect	romy, repair, replacement, bypass	Requested	Verified
P385845	Innominate artery		
P385847	Carotid artery		
P385849	Subclavian artery		
Pulmonary	artery and vena cava	Requested	Verified
P385853	Pulmonary embolectomy		
P385855	Pulmonary thromboendarterectomy		
P385859	Vena cava interruption / ligation / clipping		
P389285	Vena cava filter placement		
Heart		Requested	Verified
P385861	Resection of cardiac tumors		
P385863	Repair of cardiac trauma, myocardium		
P387235	Removal of foreign body		
Lungs		Requested	Verified
P384087	Pleurectomy / pleurodesis		
P384089	Wedge, segmental, other anatomic resection		
P384091	Lobectomy		
P384093	Pneumonectomy		
P384095	Decortication		
P385612	Reduction pneumoplasty		
P385616	Sleeve lobectomy or pneumonectomy		
Trachea		Requested	Verified
P384103	Tracheo-esophageal fistula repair		
P385632	Trachea and bronchus repair- trauma		
P385636	Tracheal resection for tumor, stricture, or cyst		
P385638	Mediastinal tracheostomy		
Mediastinur	n	Requested	Verified
P384121	Mediastinal tumor or cyst excision		
P385640	Cervical / anterior mediastinotomy and drainage		
P385644	Pericardial window / pericardectomy		
P385688	Sub-xyphoid drainage		

	LIST OF CLINICAL PRIVILEGES – CARDIOTHORACIC SURGERY (CO	NTINUED)	
Procedures ((Cont.)	Requested	Verified
Esophagus		Requested	Verified
P384107	Repair of esophageal atresia		
P384109	Esophagostomy		
P384111	Esophagectomy		
P384113	Esophagogastrostomy		
P384115	Esophagomyotomy		
P384119	Esophageal reflux procedures (intra- or extrathoracic approach)		
P385646	Repair of esophageal trauma / perforation		
P385650	Ligation of esophageal varices		
P385658	Esophageal diverticulectomy (intra- or extrathoracic approach)		
P385662	Esophageal bypass (colon, small intestine)		
P385666	Closure of fistula		
Diaphragm		Requested	Verified
P385668	Repair esophageal and paraesophageal hiatal hernia (intra/extrathoracic)		
P385670	Congenital hernia repair		
P385672	Diaphragm plication, repair, resection, or reconstruction		
P385674	Insertion of diaphragmatic pacer		
Video-assist	ed thoracoscopic procedures	Requested	Verified
P385676	Diagnostic biopsy or pleurodesis		
P385678	Lung wedge resection, segmental resection, lobectomy or pneumonectomy		
P385680	Mediastinal tumor or cyst resection		
P385684	Esophageal procedures.		
P385686	Thoracic sympathectomy / sympathotomy		
P385682	Empyema or hemothorax drainage with or without decortication		
Extracorpor	eal circulatory support of surgical procedures	Requested	Verified
P424287	Emergent / Salvage insertion of left / right / biventricular assist devices		
P385867	Cardiopulmonary bypass		
P385869	Veno-veno bypass		
P385871	Left atrial to descending aorta or femoral artery bypass		
P385873	Hypothermic circulatory arrest		
P385875	Insertion of left / right / biventricular assist devices (LVAD, RVAD, BiVAD)		
P390747	Extra corporeal life support (ECLS)		
Additional p	rivileges	Requested	Verified
P424284	Robotic surgical approach		
P385879	Intraoperative use of lasers		
P423932	Trans-catheter aortic valve replacement (TAVR), including endovascular and trans- thoracic approaches (with or without cardiopulmonary bypass)		

Other (Facility- or provider-specific privileges only): Requested Verified Image: Signature of APPLICANT Image: Signature of APPLICANT Image: Signature of APPLICANT Image: Signature of APPLICANT Image: Signature of APPLICANT Image: Signature of APPLICANT Image: Signature of APPLICANT Image: Signature of APPLICANT Image: Signature of APPLICANT Image: Signature of APPLICANT Image: Signature of APPLICANT Image: Signature of APPLICANT Image: Signature of APPLICANT Image: Signature of APPLICANT Image: Signature of APPLICANT Image: Signature of APPLICANT Image: Signature of APPLICANT Image: Signature of APPLICANT Image: Signature of APPLICANT Image: Signature of APPLICANT Image: Signature of APPLICANT Image: Signature of APPLICANT Image: Signature of APPLICANT Image: Signature of APPLICANT Image: Signature of APPRoval Image: Signature of APPRoval Image: Signature of APPRoval Image: Signature of APPRoval Image: Signature of APPRoval Image: Signature of APPRoval Image: Signature of APPRoval Image: Signature of APPRoval Image: Signature of APPRoval Image: Signature of APPRoval Image: Signature of APPRoval Image: Signature of APPRoval Image: Signature of APPRoval Image: Signature of APPRoval Image: Signature of APPRoval Image: Signature of APPRoval I
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